



News At Nine

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TRICARE - Your Military Health Plan

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RADM James A. Johnson oversees a region-wide medical mobilization exercise. Present from left to right were: CWO2 Kyle Andrich, USCG MLCPAC; LCDR Dave Drozd, OLA; LT Lorna Dennison, OLA; RADM James A. Johnson, OLA; LTC Richard Harper, OLA; and Mr. Ted Gegoux, VISN 22. Photo by Mr. John Deleon.

Region Nine Readiness: Preparing for the Future

By LCDR Dave Drozd and LT Lorna Dennison

The events surrounding the terrorist attacks on September 11, 2001 made significant impacts that continue to reverberate through every facet of society. The impact on TRICARE Southern California was no less dramatic and resulted in significant changes in the way TRICARE Region Nine prepares for future contingencies.

Unlike the message of Pearl Harbor, which was to prepare for overt attacks against our nation's borders by large military forces, the message of September 11 was to prepare for attacks by individuals or small bands of terrorists on civilian populations within our borders. The lessons of September 11 led the military to understand that our previous doctrine was no longer adequate to cope with

the "new world order" of terrorist threats within the United States.

To meet the challenges of the new world threats, the Contingency Support Committee (CSC) within TRICARE Region Nine was reactivated. The CSC is comprised of Medical Treatment Facilities (MTF) representatives from the seven primary medical facilities within Region Nine with additional members from our managed care support contractor, Health Net Federal Services (HNFS), Healthcare Support Office, San Diego, Veteran's Administration (VISN 22), Coast Guard, and representatives from the Office of the Lead Agent (OLA).

The CSC determined that the region needed a

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From the Lead Agent

RADM James A. Johnson, MC, USN



President Bush stated that the military needs to be ready to support the nation's fight against terrorism. Admiral Clark, Chief of Naval Operations, has current and future readiness initiatives among his top five priorities. General Jones, Commandant of the Marine Corps, echoed similar concerns regarding the need for all military members to be personally and professionally prepared to enforce the policies established by the Commander and Chief of the United States Military Forces. It is very clear that no time in recent history has our need for a highly trained and ready military been more critical. In support of our nation's fight against terrorism and the military goal for readiness, I am personally bore-sighted on ensuring optimal military readiness throughout Region Nine. The front-page cover story regarding Region Nine's contingency drill is one event that reflects our heightened commitment to readiness.

To the active duty, I would tell each of you that as tensions increase around the world, it should be apparent to you that the potential exists for deployment anywhere at any time. This is not to say that I have any knowledge regarding future mobilizations, however, the possibility of deployment does exist for anyone who takes the oath of allegiance and wears the military uniform. In your own personal preparation for readiness, it is imperative that you maintain optimal personal and professional standards. You and your respective leaders must ensure that your training is current and that your professional skill's set is at its highest functional level. Additionally, you must ensure that your family is provided for if you were to deploy by having your personal affairs in order.

Readiness is only one of the many challenges we have in our Region. As the Lead Agent for Region Nine, the TRICARE Executive Council, better known as the TEC, assists me in my duties of managing this complex healthcare region. The members of this council are the leaders of the major organizations in the Region. One of these organizations is our Managed Care Support Contractor, Health Net Federal Services. Mr. Peter McLaughlin has served on the TEC and as the Vice President for California Operations for nearly seven years. Peter has recently been promoted and will no longer work directly with our Region. I would like to publicly acknowledge the significant contributions Peter made to this Region and more importantly for the beneficiaries he tirelessly served. I ask all personnel and beneficiaries within Region Nine to



join me in wishing him the very best in his future endeavors.

Finally, I would like to thank all personnel in the Military Treatment Facilities (MTFs) in the region for their extraordinary efforts in recent months. As military personnel were forward deployed in support of Operation Enduring Freedom and Operation Anaconda, the MTFs in Region Nine performed superbly by continuing to provide critically needed services. These services included everything from ensuring timely appointments to putting on desert cammies and joining forces in the field. Well done to all of you.



Data Management Control Program

By LCDR Dave Drozd

As the Military Health System (MHS) continues to provide quality medical services, the accuracy of timely captured patient and financial workload, or data quality, is a critical factor that cannot be ignored. On November 29, 2000, Dr. Jarrett Clinton, Acting Assistant Secretary for Health Affairs, signed a policy memo that implemented the Data Management Control Program (DQMC) for all Military Treatment Facilities (MTFs). The DQMC program was created in an effort to improve the MHS data quality efforts in reporting workload, and tracking financial costs for all Military Treatment Facilities (MTFs).

Some key reporting processes of the DQMC program include submission of a monthly MTF Commanders Data Quality statement via the regional service representative. This statement contains seven questions that require 17 responses that are part of the MTFs DQMC Review List. The main goal of the statement is to ensure MTF Commanders certify that workload data being forwarded from their command to higher echelon commands are accurate and submitted in a timely manner. The command's Data Quality Manager compiles the report with assistance from the Data Quality Assurance Team. Additionally, the Data Quality Manager is responsible for briefing the command's Executive Steering Committee on the command's data quality status and maintaining the MTF DQMC Review List on file for three years in the event the MTF is audited from an outside agency such as Department of Defense Inspector General (DoDIG) or General Accounting Office (GAO). The MTF DQMC Review List is a lot more comprehensive than the MTF Commanders Data



Quality statement and contains numerous questions requiring over 85 responses. This document provides more critical elements to assist the MTF with its internal structure and management control responsibilities.

With Outpatient Itemized billing projected to start on July 1, 2002, there is a greater need to ensure the workload is documented properly. If a visit is not coded at the appropriate level, the MTF can be under charging by not getting the correct reimbursement, or upcoding the visit and possibly incurring penalty fees or audits if this is noted by outside billing agencies. Improper coding could also mislead the command concerning the level of resources needed for the patient population served.

As MHS attempts to improve on its Data Quality efforts, all staff members must know who the MTF's Data Quality Manager is. These are extremely knowledgeable individuals who have access to numerous personnel at the MTF. Additionally, this group meets monthly as part of Region Nine's Data Quality Manager's Committee and share various workload resources and lessons learned. This collaborative effort has resulted in the region's improving data quality efforts. The following is a list of the MTF Data Quality Managers within Region Nine:

<u>MTF</u>	<u>Data Quality Manager</u>	<u>DSN Phone #</u>
Naval Hospital, Camp Pendleton	Colin Archibald	365-1524
Los Angeles AFB	Capt Mike Bruhn	833-5050
Naval Medical Center, San Diego	LT Susan Connors	522-5148
FT Irwin	Barbara Dousharm	470-2445
Naval Hospital 29 Palms	Pat Farnham	230-2107
Edwards AFB	1st Lt Brent Krue	527-0786
Vandenberg AFB	Capt Kevin Seeley	276-3012

Data Quality is everyone's responsibility. It can be as simple as asking the patient or legal guardian, when he/she checks in or makes an appointment, if their address and phone number is still the same. Whatever you can do to improve data quality will improve the clinical and financial status for MHS. So next time your department, clinic, or directorate has data quality issues or concerns, utilize your MTF Data Quality Manager for their wealth of information.

New Satellite Pharmacy Giant Step Forward for Patient Access and Customer Service

NAVAL HOSPITAL CAMP PENDLETON, Calif.- A new satellite pharmacy of Naval Hospital Camp Pendleton (NHCP) began services November 19, 2001, at Pacific Plaza located by the main commissary.

According to LCDR Rick Wenning, Pharmacy Services Department Head, the new pharmacy began filling 192 prescriptions a week in November, and is now up to 2000 prescriptions a week. The main pharmacy continues to fill 12,000

prescriptions a week. The satellite pharmacy currently has one pharmacist and two technicians. The main pharmacy will send staff down to the Pacific Plaza Pharmacy as workload increases. Staff sent to the satellite pharmacy, however, will not be replaced at the main pharmacy. Currently the pharmacists are swapped out between locations.

“We have requested an increase in staff especially for the pharmacist down there; we are working with Health Net on a resource sharing partnership,” he said.

The new pharmacy opened in part in response to patient’s persistent requests to be able to fill prescriptions closer to the front gate. The willingness and support of Marine Corps Base Camp Pendleton and of the Office of the Lead Agent for TRICARE Region Nine has made this endeavor possible. The Exchange Officer is providing space, rent-free to the pharmacy; the Base installed a security system at no charge. The Office of the Lead Agent contributed over \$110,000 for computer and network systems, furnishings, and pharmaceutical equipment. Patients and beneficiaries of NHCP are now able to receive medications in the same plaza as the commissary, a plus for many active duty families and retirees.

The Pacific Plaza Pharmacy is actively being

promoted through flyers and signs at the main pharmacy. “We tell our patients that the Pacific Plaza Pharmacy is open to fill their prescriptions. Printed on one side of our prescription bags are advertisements for businesses, while the other side has the satellite pharmacy information,” Wenning said.

“The patients that we are picking up are new patients that have previously used the civilian sector. We have

recaptured these patients from the civilian world. The numbers at our main pharmacy have not lowered. Many of our patients are still coming in from the Fallbrook area to our main pharmacy,” Wenning said.

“The majority of the new prescriptions coming in are from the retail side. We projected a 20% recapture, and we hope to recapture about 40% by years end,” added Wenning. “We’re also considering opening at least two more satellite



CAPT William M. Heroman, Commanding Officer of Naval Hospital Camp Pendleton, left, cuts the ribbon of the new satellite pharmacy with Maj. Gen. David F. Bice, Commanding General Marine Corps Base Camp Pendleton. Photo by HM3 Hildalia McCree.

pharmacies, one at Fallbrook and one in the San Onofre area. With these additional pharmacies, we can realize the civilian recaptures we’re projecting. With a San Onofre pharmacy, we expect to recapture population in the San Clemente and Los Angeles areas,” he said.

Improvements to the main pharmacy located at the hospital are also being considered by pharmacy officials. “The front lacks patient privacy, and we are looking into redesigning the front lobby as it faces the windows at the front,” Wenning said. The Base and hospital are also exploring putting another satellite pharmacy at the main exchange to better serve the active duty members on base.

Pacific Plaza Pharmacy is a giant step forward for patient access and customer service for Sailors, Marines

See Pharmacy, page 14

Worldwide Military Breast Health Care

By Dani Newman



CAPT E. Melissa Kaime, Director of NMCSB Breast Health Center and CDR Kristi Brennen, Director Bethesda Breast Health Center discussing worldwide military breast health care at annual conference.

LAS VEGAS, NEVADA - On site at this year's Annual National Interdisciplinary Breast Center Conference were breast health professionals representing the DoD Breast Health Program. Under the auspices of "Worldwide Military Breast Health Care," demonstrations were set up to display the multi-disciplinary system approach launched to support active duty women, retirees, and eligible dependents.

The exhibit provided a forum for the military breast health professionals to talk to their civilian counterparts about the military's impact in this important field of healthcare, sharing their insight on the innovative programs first implemented in the late 90's.

Highlighted at the exhibit were live demonstrations of new products and services launched this past year, including culturally-sensitive educational tools targeting the Tagalog-speaking population, an educational web site, interactive CD's, and one-of-a-kind educational videos.

There was a tremendous amount of interest in the implementation of cutting edge/multi-disciplinary treatment teams. Additionally, the exhibit elicited many questions about TRICARE.

It was no surprise that many in the civilian sector were not aware that TRICARE was the military's version of managed care. Many were also surprised to learn about the military's extensive involvement in clinical research and the significant patient population undergoing treatment in military treatment facilities.

The military attendees used the exhibit to network and to share their latest accomplishments, receive updated information on military resources and strengthen the network between services.

Held in Las Vegas over three days in February, with over 650 attendees, vendors and guests, the response to the exhibit was tremendous and succeeded in portraying the impressive DoD Breast Health Program.



Conference Goals:

- To provide an educational opportunity for health care providers, administrators, managers and staff.
- To present a forum for discussion, problem solving and planning.
- To hear the latest information concerning changes and challenges facing military healthcare employees in the future.

Objectives: Attendees will...

- Be able to describe specific techniques and processes needed to succeed as the MHS increases joint activities with other federal activities.
- Be able to identify the tools needed to meet challenges associated with MHS increased integration.
- Be able to list the activities and processes that will shape the MHS and West Coast Regions.
- Be able to describe information support systems and how they will be used across functional areas to improve healthcare delivery.

Who Should Attend:

- Regional MTF Commanders
- Health Care providers (Physicians, Nurses, Technicians)
- Health Care Administrators
- Support Staff (All Disciplines)
- Managers

Continuing Education Credits:

“The Office of the Surgeon General, Bureau of Medicine and Surgery, US Navy, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.”

“The Office of the Surgeon General, Bureau of Medicine and Surgery, US Navy, designates this continuing medical education activity for up to (14) credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.”

CEUs and CHE credits will also be awarded for Nurses and Administrators.

For more information, log on to the TRICARE West Coast Conference 2002 website at <http://ocl.nps.navy.mil/Conferences/WestCoast2002/>

CIOs Follow Executive Lead

Information Management Collaboration seen as “Home Run” for MTFs

By Craig Palmer

Program Manager Region Nine

Chief Information Officers (CIOs) of Region Nine met in San Diego February 13-14, 2002, to agree on a plan of action in support of regional integration. A challenge put forth by RADM Johnson and executive managers in Region Nine, addresses the “need to leverage the strengths of each person at each command in the region to make each Military Treatment Facility (MTF) stronger.” The CIOs are mobilizing to support efforts to meet this challenge.

Several key topics covered during the summit are shown with their associated photos:

approximately five years ago, long enough that most of the CIO’s had never met their counterparts.

When asked their thoughts about what had transpired most CIO’s reflected on the changing environment and their efforts to support command requirements to adapt rapidly.

Lt Brent Krueel CIO of the 95th Medical Group at Edwards Air Force Base (AFB) feels that his command has a good understanding of IM issues but does not have the resources to solve many of the problems. Specifically Krueel is hoping to get some help in the Data Warehouse analysis area.

Force bases many of the hospital IT functions are now being absorbed by the base IT organization. Lt Krueel’s goal is to shift the focus of his resources to IM as this occurs.

Capt Enrico Bermudez, the CIO of Ft. Irwin’s Weed Army Community Hospital felt that a team effort of the regional CIO’s was critical. He said “We need to leverage the strengths of each MTF – I think of it as a team service concept.” Capt Bermudez made it clear that he saw the importance of the IM side of the house. He agreed with the other CIOs that the MTFs could best benefit from collaboration in the IM area.

LTJG Ryan Meskimen the CIO of Robert E. Bush Naval Hospital in Twenty Palms saw a big difference in the amount of resource that the big commands like Naval Medical Center San Diego (NMCSD) and Naval Hospital Camp Pendleton (NHCP) could apply to IM vs. the smaller commands. “It seems that the smaller the command the less focus on IM and the more focus on IT, and just keeping things running”. LTJG Meskimen saw much benefit in working with the larger commands in the IM area. He had also made a decision to apply his most experienced person to focus on the IM area. “It’s too important to the command to ignore in spite of the daily pressure to react, and a tendency to be understaffed” said Meskimen.

Capt Seeley the CIO for 30th Medical Group at Vandenberg AFB saw things much the same way. Seeley accepted the challenge of working together but was con-



The CIO’s role in supporting both Information Management (IM) and Information Technology (IT), a group discussion by all.

An unofficial agenda item was to build an Information Management / Information Technology (IM/IT) team for the region, the last meeting of this type was

“We have the system but could really use some dedicated resource for data analysis – not just someone with another collateral duty.” Lt Krueel also noted that on the Air



Empowering the command through Regional Resource Integration presented by Mr. Craig Palmer, Region Nine Program Manager.

cerned about having the tools to make it work. Capt Seeley is working with the regional staff to address the tool issue. Specifically Seeley would like to see a CIO web portal which includes not only the CIOs but the Commanding Officers, Executive Officers, and key business and clinical managers at each of the commands.

LT Rick White of NMCS D felt that IM should be driven from a central point and that IT must work to support IM requirements. He questioned resource allocation and felt that many times we delegate the IM function to the wrong people. HMCM Robert Bettis also from NMCS D indicated that pooling IM resource to achieve common objectives was common sense. "This is something that we have needed for a long time" said Bettis.

One of the more senior members of the group Mr. Colin Archibald of NHCP shared many of his ideas on managing IM and how to approach the command in this key area. "I want to make sure that we understand what management

objectives are, and that management understands that we will do our best to accomplish the mission, but to also understand the reality

of what it really takes to get the job done. Once we do get the job done I work closely with other team members in the command to insure continued success of the program." Mr. Archibald is looked at, as a mentor by many of the other CIOs, a person who brings much experience to the team.

Major Thomas Steinbrunner the department head for Office of the Lead Agent's Analysis and Evaluation department summed it up when he said that the more we work together the more we can accomplish in the IM area. He, as most felt that the conference was a success and that the results would be seen in the coming months as CIOs gear up to support each Commanding Officer's plan of action.

The CIOs are currently putting tools in place to integrate their efforts and plan to come back together later this year to continue pursuit of regional integration in this key area.



The real story behind the Composite Health Care System II (CHCSII) presented by CDR William Mock, Deputy Director of the CHCSII program. Photos by Mr. John Deleon.

Cavalry to the Rescue

By Doreen Rekoski

Public Affairs Specialist/Blood Donor Recruiter

Blood Donor Center, NMCS D

Platelets. Think of them as the men on white horses, galloping to the rescue.

Vital to the blood clotting process, these amazing, miniscule, disk shaped cells in the blood rush to the site of an injury. Once on the scene, they transform, becoming spiny-shaped – increasing their surface area to better assist clotting factors form a barrier which helps the damaged organ or blood vessel stop bleeding and gives the body a chance to heal. They are often called the “link to life” because they help those who are ill to hold onto life.

“Platelets help to plug the holes that form in blood vessels as an inevitable part of living,” said Cmdr. Anne Secord, medical director for the Naval Medical Center San Diego Blood Bank division. “Even brushing your teeth makes mini tears in the



Spiny-shaped platelets ready to assist clotting factors at site of injury.

gums that would ooze for hours if it wasn't for platelets.”

Those who need platelet transfusions most include leukemia, cancer, aplastic anemia and marrow transplant patients. Chemotherapy and radiation treatment often destroys cancer and healthy cells alike. Their own bodies unable to produce platelets, these patients need transfusions to prevent bleeding or fight infection. Surgery patients also need platelets to help stop the bleeding.

While it is possible to obtain platelets through whole blood donations, the best way is through a special kind of blood donation called apheresis. Many people know and understand the need for whole blood donations. But even among those who regularly donate blood, there is an amazing lack of awareness about apheresis.

During the procedure, called plateletpheresis, whole blood is withdrawn from a donor through an automated blood collection system. The Donor Center at NMCS D uses the Trima Collection System, the latest technology in automated blood collection systems. Trima allows donors to safely provide combinations of red cells, platelets and plasma from a single donation. Like whole blood, the process uses a sterile, single-use needle and tubing system. The automated system collects the most needed components and returns the remaining blood components back to the donor.

It takes six whole blood donations to provide a single platelet transfusion. One apheresis donation, however, provides enough platelets for one complete transfusion.

“Apheresis donation provides a platelet product that is superior in



Platelet transfusions are needed each year by thousands of patients like these:

Heart surgery patient -
6 units of platelets

Burn patient -
20 units of platelets

Organ transplant patient -
30 units of platelets

Bone marrow transplant patient -
120 units of platelets

several ways,” said Dr. Secord. “First of all it provides an entire dose of platelets for one patient from one donor rather than from the donations of a pool of six to eight donors. Our new machines are often able to get more than one unit of platelets from one donor which we can then reserve for just one patient. This exposes the patient to fewer donors and is considered the best medical practice.

“Additionally, platelets made from whole blood units are nearly always contaminated with red cells which can be a problem. The new machines that collect platelets via apheresis practically never have any red cells in them.”

See Cavalry, page 12

Becoming A True Believer

By Doreen Rekoski

Most people know about and understand the importance of blood donation. Not as many know and understand the process of apheresis.

Master Chief Greg Heimann, now retired, most certainly didn't. In charge of the Aviation Support Equipment "C" School department at the Naval Aviation Maintenance Training Group Detachment 3033 at NAS North Island, he supervised 50 instructors with a constant fluctuation of some 60 to 120 students.

When he arrived at NAMTRAGRU he soon discovered that on certain days several of his instructors would disappear for the good part of a day to donate platelets . . . days and times he wanted them to do other things.

"After several times of them missing what I thought were important meetings and other events, I decided that I needed to investigate



SSgt. Jody Wagner relaxes while his blood is being drawn using the TRIMA automated blood collection system. Photo by Doreen Rekoski.

this 'apheresis donation' thing," said Heimann, now the owner of his own

computer repair shop. "I wondered why they could only donate on certain dates and times.

"So one day I decided to show up and see for myself."

He met the staff, took a tour and received a brief of Donor Center operations. He completed the screening to see if he was eligible. That was February 1995. He remembers that time so well, because he was not actually able to donate until late April – April 25 is his anniversary date – due to the birth of his daughter. Once his wife and baby daughter were settled in, he scheduled himself for his first donation.

"When you ask how long I've been donating, it's easy for me to remember," said Heimann. I remember when Kimberly was born and how old she is."

Once he started donating, his problems with his instructors went away. "At one time, NAMTRAGRU DET 3033 had six

See Believer, page 12



SSgt. Jody Wagner watches a movie while he donates. The donors wear headsets to get the most out of their viewing experience. Photo by Doreen Rekoski.

Believer

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active apheresis donors. We were also very active in whole blood donations. While I supervised the school, the Blood Donor Center would hold quarterly blood drives.

The response from the students was great," said Heimann.

"After hearing the brief of what apheresis can do and how much it helps others in need, I felt it was the least I could do to help others," he said. "I have always felt that everyone should do a little more to

help others in some way. Donating platelets is my way of helping others in need."

Seven years later, Heimann is still at it. When he comes to donate on April 24, he will have donated platelets 152 times.

Over the years, his reasons for donating have changed. The single driving force behind his motivation, however, has always been his desire to help others.

"At first I stayed because the other instructors were donating and I did not want them to think their Master Chief was a quitter. Also, when I first started donating, they used the old procedure of a needle in each arm. (The new Trima Collection System uses a single needle procedure.) ... (it) took about two hours... they provided a movie for you to watch to help you pass the time. So the donation day became a movie day for me. I have seen almost all of the movies now," he said.

After the first year, he kept donating because he wanted to match the number of donations of some of the more senior donors.

See Believer, page 14



SSgt. Jody Wagner, left, watches a movie while he makes an apheresis donation, while Bob Wales, administrator of the apheresis program at the Donor Center, performs a phlebotomy on AEC Gary Bangs, from HSL 43. Photo by Doreen Rekoski.

Cavalry

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The entire plateletpheresis donation takes approximately two hours. This includes the donor's health interview, approximately one hour and 20 minutes for the actual donation, and time for refreshments. During the donation process, the donors are given the red carpet treatment. They rest comfortably in a reclining bed where they can watch television or a video from the collection in the video library.

"Apheresis donors are VIPs at the Donor Center," said Lt. Aaron Harding, Officer in Charge of the Donor Center. "Platelets have a very short shelf life of five days, so the need for donors is constant. We appreciate those who make the commitment to give a few hours of their day to help save the life of a stranger."

On an average, NMCS D uses about 720 platelets a year.

Since only one-tenth of the circulating platelets in

the body are collected during the automated procedure, the body is able to quickly replenish its supply of platelets. Platelet donations can be made as frequently as every two weeks, but no more than 24 times in a calendar year.

In an effort to encourage more family members to donate, the Donor Center, working in conjunction with the Child Care Center, now provides vouchers for child care. To utilize this service, the donor first needs to make an appointment for the apheresis donation. Prior to arriving for their appointment, the donor can then take their children to the Child Care Center which is located next door to the Donor Center. After the donation process, the donor will receive a voucher which can then be given to the Child Care Center.

Apheresis donations are taken by appointment Monday, Tuesday, Wednesday and Friday. Call 532-6650/7846 to make an appointment or get more information. Eligible donors include active duty, reservist, active duty family members, retirees and civil service employees. The Donor Center is located in Bldg. 2 on the first floor.

Naval Hospital Camp Pendleton Maternal Infant Service Wins Excellence Award

*By Kimberly D. Prato
Public Affairs Officer
Naval Hospital Camp Pendleton*

NAVAL HOSPITAL CAMP PENDLETON, Calif.— The Maternal Infant Service Directorate at NHCP on December 17, was awarded The Eureka Award for Performance Excellence by the California Council for Excellence (CCE).

“In January of 2000 we decided we would apply for this award,” said CDR Jack Klausen, MC, Medical Director for Maternal Infant Service. “We are the first service line in the Navy, and this was a great way to take a look at ourselves,” he said.

The Eureka award is the top-level award offered by CCE and adheres to the Malcolm Baldrige National Quality Award (MBNQA) criteria. The award consists of a full Baldrige based application using the most current criteria of the MBNQA. The CCE offers three levels of excellence based on a 200, 500 or 1000-point check. The Eureka Award consists of the 1000 pt. check of an organizations efficiency and quality.

“We gave ourselves one year to gather data on our service line,” Klausen said. “We began documenting from the beginning; CAPT Maureen Kowba, former Director for Maternal Infant Services, CDR Pat Binns, LT Bill Spears and myself. As people transferred out, we retained the data needed to continue the process, it was really a leadership challenge.”

According to Klausen, the criteria response for the award was submitted in August of 2001. By November, the directorate was notified there would be a site visit performed by six surveyors from the CCE. “On January 11, 2002, we hope



Nurse Socorro Yosucio, left, and HM3 Jeffrey Sheggrud are just two of the many award-winning service line staff at Naval Hospital Camp Pendleton's Maternal Infant Service Directorate's service line.
Photo by HM2 Sean F. Farrell.

to review the results of the survey, they have not yet been revealed to us, he said. “I am really excited to see what these six intelligent people have to say.”

According to CAPT Jane Morgan, Director for Maternal Infant Services, the surveyors inspected the area for about a week and didn't compile their individual scores on the service line until the last day to arrive at a final score, and even then they didn't reveal that score. “We were told if we got a call on the 17th, we won,” Morgan said. “If no call we didn't win, we were pleasantly surprised to get that call,” she said. LT Kimoko Hallock edited the original 75 page submission down to the maximum limit of 50 pages.

“The major accomplishment is the teamwork that went into it,” Morgan said. “In order to compile this 50 page application, it really took a team effort,” she said

The Maternal Infant Service Directorate had to apply for the award as a unit within a unit. There are rules and regulations the directorate must comply with as a line within the command as well as the U.S. Navy. “We have learned so much about how to lead by going through this criteria,” said Klausen.

Klausen is a member of the American College of Healthcare Professionals and the Malcolm Baldrige criteria is the primer way to efficiently look at leadership and quality within an organization. “The Inspector General has applied Malcolm Baldrige criteria of excellence to judge Navy business, and we are doing just that,” he said.

“I think that we've laid down a challenge to other people, that they ought to take the challenge and continue to evaluate how we do things,” Klausen said.

Pharmacy

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Look for the big pharmacy sign next time you're in the Pacific Plaza to shop or are looking to get your prescriptions filled. Photo By Mr. John Deleon

and their families. The Pacific Plaza Pharmacy can be reached by calling (760)725-1147.

Kimberly D. Prato, Public Affairs Officer for Naval Hospital Camp Pendleton contributed to this story.

TRICARE University

San Diego—Sometimes TRICARE seems to be so complicated that only a person with an advanced degree in TRICARE could understand it. Now, patients, providers, and others interested in better understanding the Military's medical program can become a TRICARE graduate by attending a free online course at TRICARE University.

TRICARE University's award winning basic course has been updated to include new program changes such as TRICARE for Life program, and the new pharmacy benefits. Students can complete all 13 modules, or choose only those that interest them.

Visit the TRICARE website at www.TRICARE.osd.mil, and choose TRICARE University from the pull down menu or go directly to <http://199.211.83.208/public/index.html>.

Believer

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When he retired from the Navy in 1998, he almost stopped. "I had started a computer repair business in San Diego and it was taking up most of my time. Then I decided that no, apheresis was important to continue as long as I was able," said Heimann.

More recently, his donation days allowed him time to study when he was attending night school. "The couple of hours on the new machines gave me a free arm so I could get ahead or catch up on my studies. Now it's a break in my hectic business life to relax for a morning. As always I felt it was my small way of doing my part for society.

"Donating blood when it is needed as everyone knows is a great way to help those in need. 911 showed how we Americans can pull together to help each other out. It shouldn't take a 911 incident though to inspire us to do the things that we should be doing long before and long after 911.

"On many a day when I'm donating I can only hope that what I am doing and have done can save someone's life and hopefully help them heal faster. One of the greatest things about apheresis is that I can help anyone in need. They do not have to have the same platelets as mine. This means I can help anyone, not just a select few that have the same blood type as mine. More over I can donate more often than I can whole blood so I can help more often."

Heimann encourages others to take the first step towards apheresis themselves. "Do like I did. Go and find out what it is all about. See if this is something you can do to help others."

"We all have a special place in life and we all have a special thing we do. I am not a doctor so I can not help heal someone, but by doing this I can help the doctors heal someone."

If you are interested in learning more about the apheresis program at Naval Medical Center San Diego's Blood Donor Center or scheduling an appointment, please contact Bob Wales at 532-7846/6650 or Doreen Rekoski at 532-6653.

Readiness

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viable “readiness plan” that would cover a wide scenario of threats and could be executed at a moment’s notice. To create an effective plan, the responses by each MTF within the region must be tracked centrally and assessed regarding their impact on the MTF’s own capability to maintain healthcare delivery as well as the effects of its impact on the region as a whole. The OLA was selected to fulfill that role. In executing that mission, the OLA would also be in the unique situation to make the appropriate recommendations regarding the shift of resources throughout the region to maximize the utilization of remaining personnel.

To test these ideas, the CSC concluded that a preliminary contingency response exercise with a major mobilization scenario throughout the region was required. Planning began immediately for a regional mobilization exercise dubbed “Bold Vision 2002”. On April 02, 2002, six months following the initial meeting of the TRICARE Region Nine CSC, Bold Vision 2002 was enacted. During the exercise, scenarios requiring mass mobilizations throughout the region were enacted. Within Region Nine, numerous individuals and units theoretically deployed from Naval Hospital Camp Pendleton, Los Angeles Air Force Base (AFB), Edwards AFB, Vandenberg AFB, Naval Medical Center San Diego, Naval Hospital Twentynine Palms and Fort Irwin MEDDAC to meet the requirements of the scenario. This information was communicated to

the Managed Care Directors to assess the impact on the MTF’s medical services. All personnel commitments to mobilization platforms were tracked at the OLA Emergency Operations Center (EOC) (see photo) and corresponding requests for personnel shifts were made throughout the region by the OLA. Additionally, HNFS and the VISN 22 kept the OLA EOC apprised of the responses they could assist with if the scenario was actually to occur.

As in real life, the exercise presented minor glitches, such as, communication’s breakdowns at critical points. However, the exercise accomplished the CSC’s overarching goals and was determined to be a successful first step for revised regional preparedness. Even with the success of Bold Vision 2002, the CSC acknowledges that Region Nine has much more to accomplish before achieving all of its readiness goals.

The steps taken in America after September 11, demonstrated that the United States pulls together and not apart during times of crisis. The actions of Region Nine during the initial crisis and the months following it amplify the region’s commitment to fulfill its wartime obligations while continuing to provide the TRICARE healthcare benefit to the beneficiaries who remain behind. RADM Johnson provided the partners in Region Nine with a bold vision that will direct the readiness efforts of the region for years to come. By participating in this first planning phase, all partners throughout Region Nine clearly demonstrated their commitment to the actions that will achieve the Admiral’s vision and ensure that Region Nine is able to respond to any crisis at any time.

30th Medical Group Supports Cancer Research



The 30th Medical Group at Vandenberg AFB, sponsored a team that recently participated in the “Relay for Life” event by the American Cancer Society. The two-day event was held at the Lomoc High School on 18-19 May, 2002. The event gave the command the opportunity to get involved with the community in support of a worthy cause.

A support tent was set up to the theme of “Luau for Life.” There were lots of goodies, music, and a general good time for all who participated. The event was a great opportunity to have lots of fun, share stories and life experiences, exercise together, and do something good for others.

Cancer can be deadly, and inflicts great difficulties and challenges to the patient and family

members. Each of us has personally known someone who died of cancer, perhaps a relative, a friend or a patient. Fundraisers sponsored by the American Cancer Society, support substantial research that have already resulted in higher survival rates or extended remissions for patients. The 30th Medical Group asked everyone to participate in the campaign/fundraiser and be generous when the team members came around for donations.

For more information on the 30th Medical Group’s involvement in the American Cancer Society’s Relay for Life, contact the 30th Medical Group Team Captain, Maj Jean M. Eagleton, at 805-606-9501.

TRICARE Region Nine Wins TMA's 2001 Executive Director's Award



RADM James A. Johnson (center) receives the TMA Executive Director's Award from Mr. Thomas F. Carrato (left) and Dr. William Winkenwerder (right).

Awards for excellence in customer service support and improvements in active duty patient satisfaction were presented at opening day ceremonies of the annual Department of Defense (DoD) TRICARE Conference held February 4-7, 2002, in Washington, D.C. Senior defense leaders attending the conference and making presentations to the honorees were Dr. William Winkenwerder Jr., Assistant Secretary of Defense, Health Affairs, and Mr. Thomas F. Carrato, Executive Director, TRICARE Management Activity (TMA). TRICARE Region Nine was one of the honorees recognized at the conference.

TRICARE Region Nine received the TMA Executive Director's Award for excellence in customer service support, access and patient satisfaction by a TRICARE region. "It was awarded to the organization that best demonstrated optimization, innovation, teamwork, support for the beneficiary and the spirit of excellence across their entire area of responsibility." Col Frank D. Cumberland Jr., Director, Communication and Customer Service for TMA said. For RADM James A. Johnson, Lead Agent for Region Nine, "Receiving the award is confirmation that we're doing the right things, and it's an encouragement for us to move faster to achieve our goals!"

In opening remarks at the Conference, Dr. Winkenwerder said, "A world-class health system is recognized by its excellence in quality patient care,

in innovative advances in medical practice, but most especially in how it is perceived by its customers. The awards given today reflect outstanding service to our customers on the frontlines of the Military Health System (MHS), and our customers' satisfaction with the services they have received."

Commenting on the awards, Mr. Carrato said, "Often, exceptional customer service occurs during the one-on-one contacts between providers and beneficiaries or between beneficiaries and staff members supporting military treatment facilities, lead agents offices, or TRICARE service centers. Wherever and whenever military beneficiaries have positive health care experiences, it's a victory for TRICARE."

Also recognized at the conference was Naval Hospital Camp Pendleton, which received the Navy Surgeon General's Award from VADM Michael L. Cowan in recognition of outstanding customer service support and its "Getting to Yes" program.

